1.

Participant's contact information, including email address, and that of its counsel,

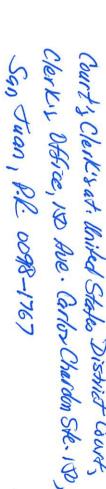
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	expirite;	
Participant's Name:	ATMA I. BERREOS COSTRUBADA	and the second s
Participant's Address:	AVE. TOLE GARREDO N-1 UDILA BLARCA,	CASURS PL 0072
Participant's Email Address		XSF SE E
Name of Counsel:		S S S S S S S S S S S S S S S S S S S
Address of Counsel:		
Email Address of Counsel:		38
2. Participant's	Claim number and the nature of Participant's Clair	m:
Claim Number:	179045	
Nature of Claim:	Ucgos BackBay Promota Title TD No. 17.	BK3283-175
By: Dine & Buris	Cartubel	
Signature	The second second	
ADNA J. BEXER	TON CASTROBAD	
Finit Name		
	and the same of th	
Title (if Participant i	s not an individual)	
<u> /7 </u>	<u>/</u>	

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	if any:	ontact information	on, including emai	SAU A	33 6	,
Participant's Na	ame:	TUBIN A. O	YOUR CRUE	7	3 2	112
Participant's Ac	ddress:	PUE. JOSÉ GARL	DOON-) VOUR	BURNEA, CAGO	us, PR 00	73
Participant's Er	nail Address:	oyolacj@gm	ai) com			-
Name of Couns						-
Address of Cou	insel:					-
Email Address	of Counsel:			-		-
2.	Participant's C	Claim number an	d the nature of Par	ticipant's Claim:		·
Claim Number:		179048		·		- 2
Nature of Clair	201	wages Bac KPa	y Promosa Title	III No 17 BK	3283-673	5
By: Signatu	ty to		Manager Anna Anna Anna Anna Anna Anna Anna Ann			
Print Na	9. 04019 C	PLU ()				
Title (if	Participant is	not an individua	1)			
-	SEPTI 20	21				
Date					V	

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Clerk's Office, 150 Ave Gribs Chardon Ste. 150,

San Than, R.P. 00918-1767

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Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name:	grova Concepus	- Lakas
Participant's Address:	minicos Ct, apto.	
Participant's Email Address: Tita Co	nce peion 412 0 Ma	nillas Bayon
Name of Counsel:	NIA	00 9
Address of Counsel:	/ A	
Email Address of Counsel:	NA	
2. Participant's Claim numb	per and the nature of Participant's Claim:	
Claim Number: 17 B	K 3283 - LTS	
Nature of Claim:	mesa III	
By: Octogravia Cone Signature	THE STATE OF THE OWNER PROPERTY AND ASSESSMENT OF THE STATE OF THE STA	
Altagracia Co	nce peron Rojan	3 .
Print Name		S S S S S S S S S S S S S S S S S S S
NIA		P AND THE
Title (if Participant is not an indi-	vidual)	56%
74/09/20 Date	121	2 Republic

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Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any:	Y.	
Participant's Name:	Adys D. Helender Negron	
Participant's Address: 14	50 Main St. Bridgeport CT.	066
Participant's Email Address:		S of Consequence
Name of Counsel:		
Address of Counsel:		
Email Address of Counsel:	· ·	
2. Participant's Claim n	number and the nature of Participant's Claim:	
Claim Number:		
Nature of Claim:	0.17 BK 3283 AT-S	
By: Glady Melan Signature		c z
G/Ady3 Mele Print Name	De Negron	SUST
Title (if Participant is not an	individual)	am,
$\frac{9/25/21}{\text{Date}}$		- C.

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AND 283-LTS To: United States District Cour 150. San Juan, P. R. 20918 1767 Office, 150 Ave. Carlos WESTCHESTER NY 105 27 SEP 2021 PM 4 L

1.

Participant's contact information, including email address, and that of its counsel,

if any: RAMON TO CARREDIN GONTALES Participant's Name: CAUE RUBI TY URB. VILLA BLANCA, CAGUAS, D.R. OUTS Participant's Address: Participant's Email Address: _ Name of Counsel: Address of Counsel: Email Address of Counsel: Participant's Claim number and the nature of Participant's Claim: 179046 Claim Number: wages Back Pay Promesa Title TE No. 17 BK 3283 - ET Nature of Claim: RAMON T. CARRETON GONZALL Print Name Title (if Participant is not an individual)

San Tuan, PR 00918-1767 Cherk's Office, 150 Ave. Carbo Chardon Ste. 50, US POSTAGE FIRST CLASS

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if any:	mact information, including email address, and that of its counse	;1,
Participant's Name:	José A. Centeno Rodriquez	_
Participant's Address:	Box # 1068, Cidva, Pourto Rico oc	<u>7</u> 39
Participant's Email Address:	Capulin 1945 @gmail. com	_
Name of Counsel:	I don't have one.	_
Address of Counsel:		_
Email Address of Counsel:		
2. Participant's Cl	laim number and the nature of Participant's Claim:	·
Claim Number:	92496, 112075, 92726, 179047	_
Nature of Claim:	Wages, Back Pay, fromesa Tifle III	_
By: Jox a. Center	a Kodriguez	
Signature		
Jose H. Cen Print Name	teno Rodriguez	
		c.
Title (if Participant is r	not an individual)	
<u>18 de Septien</u> Date	mbre 2021	&

GOBIERNO DE PUERTO RICO Sistema de Retiro para Maestros

CERTIFICACIÓN

Certifico la siguiente información referente a la pensión de Jose A. Centeno Rodriguez, con número de seguro social que termina en 4035

Fecha de Efectividad de la Pensión

21 de diciembre de 2006

Tiempo Cotizado para la Pensión

30 años

Pensión Mensual Inicial

\$1.830.00

Pensión Mensual Actual

\$1,830.00

Esta certificación se expide hoy, 27 de agosto de 2021 en San Juan, Puerto Rico.

Cynthia Sanjurjo Santos Supervisora

Centro de Contacto

235 Avenida Arterial Hostos • Edificio Capital Center • Torre Norte, Hato Rey • Puerto Rico 00918 P.O. Box 191879 • San Juan PR 00919-1879



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Page 13 of 1/3 Ose A. Centero Rodn'suez

Cidra, Puerte Rice 00939 Doc#:18325-1 Filed:09/30/21 Pro se Notices of Participation United States District Court San Juan, Paerte Rica 00918-1767 Clerk's Office, 150 Ave. Carlos Chardon Ste. 150 00919-170625 22 SEP 2021 PM 4 MASHVILLE TN 370